

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

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In re:	§	Chapter 11
ADPT DFW HOLDINGS LLC, <i>et al.</i> ,	§	Case No. 17-31432
Debtors.	§	Jointly Administered under Case No. 17-31432

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**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND  
DISCLAIMERS REGARDING THE DEBTORS' SCHEDULES OF ASSETS AND  
LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

ADPT DFW Holdings LLC, *et al.*, the above-referenced debtors and debtors in possession (collectively, the “Debtors”), as debtors in possession in the above-captioned chapter 11 case, with assistance of their advisors, are filing their Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “Statements” or “SOFAs”) in the Bankruptcy Court for the Northern District of Texas, (the “Bankruptcy Court”) pursuant to section 521 of title 11 of the United States Code (the “Bankruptcy Code”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”).

These Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding the Debtors’ Schedules and Statements (collectively, the “Global Notes”) pertain to, are incorporated by reference in, and comprise an integral part of all of the Debtors’ Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Statements and Schedules do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”), nor are they intended to be fully reconciled with the financial statements of the Debtors. Additionally, the Statements and Schedules contain unaudited information that is subject to further review, potential adjustment, and reflect the Debtors’ commercially reasonable efforts to report the assets and liabilities of each of the Debtors.

The Debtors and their agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. While commercially reasonable efforts have been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. The Debtors and their agents, attorneys, and financial advisors expressly does not undertake any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified,

revised, or re-categorized. In no event shall the Debtors or their agents, attorneys, and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against any Debtor or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Debtors or their agents, attorneys, and financial advisors are advised of the possibility of such damages.

Chief Restructuring Officer Andrew Hinkelmann has signed each of the Statements and Schedules. Mr. Hinkelmann is an authorized signatory for the Debtors. In reviewing and signing the Statements and Schedules, Mr. Hinkelmann has relied upon the efforts, statements, and representations of various personnel employed by the Debtors and their advisors. Mr. Hinkelmann has not (and could not have) personally verified the accuracy of each statement and representation contained in the Statements and Schedules, including statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

### **Global Notes and Overview of Methodology**

- 1. Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Statements and Schedules; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to (i) amend or supplement the Statements and Schedules from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Statements and Schedules with respect to claim (“Claim”) description or designation; (ii) dispute or otherwise assert offsets or defenses to any Claim reflected in the Statements and Schedules as to amount, liability, priority, status or classification; (iii) subsequently designate any Claim as “disputed,” “contingent,” or “unliquidated;” or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Statements and Schedules as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by Debtor that such Claim or amount is not “disputed,” “contingent,” or “unliquidated.” Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed. Furthermore, nothing contained in the Statements and Schedules shall constitute a waiver of rights with respect to each Debtor’s chapter 11 case, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors shall not be required to update the Statements and Schedules except as may be required by applicable law.
- 2. Description of the Case and “As Of” Information Date.** On April 19, 2017 (the “Petition Date”), each Debtor filed its voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their business as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The asset information provided herein represents the asset data as of the close of business on April 19, 2017.

The liability information represents the liability data of the Debtors as of the close of business on April 19, 2017, except as otherwise noted.

3. **Net Book Value of Assets.** Unless otherwise indicated, the asset data contained in the Statements and Schedules reflect net book value as of April 19, 2017. Book values of assets prepared in accordance with GAAP generally do not reflect the current performance of the assets and may differ materially from the actual value of the underlying assets.
4. **Recharacterization.** Notwithstanding the Debtors' commercially reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Statements and Schedules, the Debtors may nevertheless have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors' business. Accordingly, the Debtors reserve all of their rights to re-characterize, reclassify, recategorize, redesignate, add, or delete items reported in the Statements and Schedules at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired post petition. Disclosure of information in one or more Schedules, one or more Statement question, or one or more exhibits or attachments to the Statements and Schedules, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statements, exhibits, or attachments.
5. **Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods and between Debtor and Non-Debtor entities based on the information and research conducted in connection with the preparation of the Statements and Schedules. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change. Accordingly, each Debtor reserves all of its rights to amend, supplement, or otherwise modify its Statements and Schedules as is necessary or appropriate.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtors reserve all of their rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

6. **Excluded Assets and Liabilities.** The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Statements and Schedules, including, without limitation, goodwill, accrued salaries, employee benefit accruals, and accrued accounts payable. The Debtors have also excluded certain assets and liabilities that they believe are property or obligations of Non-Debtor affiliates. The Debtors have also excluded rejection damage Claims of counterparties to executory contracts and unexpired leases that may or may not be rejected, to the extent such damage Claims exist. In addition, certain immaterial assets and liabilities may have been excluded.

The Bankruptcy Court has authorized (but not directed) the Debtors to pay, in their discretion, certain outstanding Claims on a post-petition basis. Prepetition liabilities that have been paid post-petition or those that each Debtor anticipates paying via this authorization have not been included in the Schedules. Please see the notes to Schedule E/F for additional information.

7. **Insiders.** For purposes of the Statements and Schedules, the Debtors defined “insiders” pursuant to section 101(31) of the Bankruptcy Code as: (a) directors; (b) officers; (c) persons in control of the Debtors; (d) relatives of the Debtors’ directors, officers or persons in control of the Debtors; and (e) debtor/non-debtor affiliates of the foregoing. Persons listed as “insiders” have been included for informational purposes only and the inclusion of them in the Statements and Schedules, shall not constitute an admission that those persons are insiders for purposes of section 101(31) of the Bankruptcy Code. Moreover, the Debtors do not take any position with respect to: (a) any insider’s influence over the control of the Debtors; (b) the management responsibilities or functions of any such insider; (c) the decision making or corporate authority of any such insider; or (d) whether the Debtors or any such insider could successfully argue that he or she is not an “insider” under applicable law or with respect to any theories of liability or for any other purpose.
8. **Intellectual Property Rights.** Exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.
9. **Classifications.** Listing (a) a Claim on Schedule D as “secured,” (b) a Claim on Schedule E/F as “priority,” (c) a Claim on Schedule E/F as “unsecured,” or (d) a contract on Schedule G as “executory” or “unexpired,” does not constitute an admission by any Debtor of the legal rights of the claimant or a waiver of any Debtor’s rights to re-characterize or reclassify such Claims or contracts or to setoff of such Claims.
10. **Claims Description.** Schedules D and E/F permit the Debtors to designate a Claim as “disputed,” “contingent,” and/or “unliquidated.” Any failure to designate a Claim on the Statements and Schedules as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by any Debtor that such amount is not “disputed,” “contingent,” or “unliquidated,” or that such Claim is not subject to objection. The Debtors reserve all of their rights to dispute, or assert offsets or defenses to, any Claim reflected on their Statement and Schedules on any grounds, including liability or classification. Additionally, the Debtors expressly reserve all of their rights to subsequently designate such Claims as “disputed,” “contingent” or “unliquidated.” Moreover, listing a Claim does not constitute an admission of liability by the Debtor.
11. **Causes of Action.** Despite making commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third-parties as assets in the Statements and Schedules, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers.

The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-claim, counterclaim, or recoupment and any claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law or in equity, or pursuant to any other theory of law (collectively, “Causes of Action”) it may have, and neither these Global Notes nor the Statements and Schedules shall be deemed a waiver of any claims or Causes of Action or in any way prejudice or impair the assertion of such claims or Causes of Action.

**12. Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies

- Undetermined Amounts. The description of an amount as “unknown,” “TBD,” or “undetermined” is not intended to reflect upon the materiality of such amount.
- Totals. All totals that are included in the Statements and Schedules represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total maybe different than the listed total.
- Paid Claims. The Debtors were authorized (but not directed) to pay certain outstanding prepetition Claims pursuant to various orders entered by the Bankruptcy Court. The Debtors reserve all of their rights to amend or supplement the Statements and Schedules or take other action as is necessary or appropriate to avoid over-payment of or duplicate payments for any such liabilities. Please see notes to Schedule E/F for any additional information.
- Liens. Property and equipment listed in the Statements and Schedules are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

**13. Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.

**14. Intercompany Payables and Receivables.** Intercompany receivables/payables are set forth on Schedules B and E/F, respectively. The listing by each Debtor of any account between a Debtor and another affiliate is a statement of what appears in the Debtors’ books and records and does not reflect any admission or conclusion of any Debtor regarding the allowance, classification, characterization, validity, or priority of such account. The Debtors periodically record intercompany amounts for combined entities, which could result in discrepancies for allocation between legal entities. The Debtors take no position in these Statements and Schedules as to whether such accounts would be allowed as a Claim, an Interest, or not allowed at all. The Debtors and all parties in interest reserve all rights with respect to such accounts.

**15. Setoffs.** The Debtors periodically incur certain setoffs in the ordinary course of business. Setoffs in the ordinary course can result from various items including, but not limited to, intercompany transactions, pricing discrepancies, returns, refunds, negotiations and/or disputes between a Debtor and its customers and/or suppliers. These normal setoffs are consistent with the ordinary course of business in the Debtors' industry and can be particularly voluminous, making it unduly burdensome and costly for the Debtors to list such ordinary course setoffs. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and as such, are or may be excluded from the Debtors' Statements and Schedules.

**16. Employee Addresses.** Current employee and director addresses have been reported as the Debtors' business address throughout the Statements and Schedules, where applicable.

**17. Debtors' Addresses.** For the purposes of the Statements and Schedules, all addresses for all Debtors have been reported as the Debtors' headquarters address in Lewisville, Texas.

**18. Joint Venture Obligations.** Through various first day motions, the Debtors sought and obtained relief to honor prepetition and post-petition obligations that the Debtors owe under certain joint venture agreements. As such, the Debtors' Statements of Financial Affairs and Schedules of Assets and Liabilities do not reflect assets, liabilities, revenue, and expenses of these non-Debtor joint venture entities.

**19. Houston HOPD Conversion.** Certain Houston facilities converted to operate under the license of the Houston Cy-Fair Hospital on October 11, 2016. To minimize the administrative burden, the respective Debtors used September 30, 2016 to split the assets, liabilities, revenue, and expenses of certain Houston facilities. With the exception of inventory, these Debtors record all assets and liabilities generated, revenue recognized, and expense incurred before conversion at the facility legal entity. All assets and liabilities generated, revenue recognized, and expense incurred after conversion are recorded at the Houston Cy-Fair Hospital legal entity.

**20. Global Notes Control.** In the event that the Schedules or Statements differ from any of the foregoing Global Notes, the Global Notes shall control.

**Specific Notes with Respect to the Debtors' Schedules of Assets and Liabilities**

The Schedules neither purport to represent financial statements prepared in accordance with GAAP, nor are they intended to be fully reconciled with the financial statements of the Debtors. Additionally, the Schedules contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors' reasonable best efforts to report the assets and liabilities of each Debtor. Moreover, given, among other things, questions about the characterization of certain assets and the valuation and nature of certain liabilities, to the extent that any Debtor shows more assets than liabilities, this is not an admission that such Debtor was solvent as of the Petition Date or at any time before the Petition Date. Likewise, to the extent any

Debtor shows more liabilities than assets, this is not an admission that such Debtor was insolvent as of the Petition Date or at any time before the Petition Date.

**1. Schedule A/B, Part 3, Question 11 – Accounts receivable**

The Debtors reflect gross accounts receivable balances by entity based on detailed sub-ledger information. Gross accounts receivable are reduced by an allowance for doubtful accounts. In establishing the Company's allowance for doubtful accounts, management considers historical collection experience, the aging of the account, the payor classification and patient payment patterns. The Debtors maintain consolidated allowance for doubtful accounts by location for facility and professional charges. As professional charges, excluding NMP of Arizona, are related to non-debtor entities, the Company allocated the reserves based on the gross accounts receivable balances between the facility and professional charges.

The receivable amounts include amounts owed to Debtors from non-Debtor affiliates and joint venture entities.

For certain Houston locations, those Debtors recorded accounts receivables recognized before September 30, 2016 at the legal entity of the facility. After September 30, 2016 those Debtors recorded the accounts receivable of those facilities at the Houston Cy-Fair Hospital entity as those facilities began operating under the Houston Cy-Fair Hospital license as of October 11, 2016. For intercompany receivables all amounts are shown at the Houston Cy-Fair Hospital entity.

**2. Schedule A/B, Part 11, Question 72 – Tax Refunds and Unused Net Operating Losses**

The Debtors have not finalized the calculation of the 2016 net operating loss. Upon finalization of the calculation the amount of net operating losses may be materially higher than the amount currently listed.

The Debtors have other deferred tax assets listed on the books and records which are not included in this schedule including \$82.6M related to the tax receivable agreement, and \$104.5M related to differences between GAAP and tax basis in the partnership interest.

**3. Schedule A/B, Part 11, Question 73 – Interests in insurance policies or annuities**

The Debtors maintain a variety of insurance policies including property, general liability, and workers' compensation policies and other employee-related policies. The Debtors' interest in these types of policies is limited to the amount of the premiums that the Debtors prepaid, if any, as of 4/19/2017. To the extent the Debtors have made a determination of the amount of prepaid insurance premiums as of 4/19/2017, such amounts are listed on Exhibit A/B-P11, Q77. All policies are expected to remain active.

**4. Schedule A/B, Part 11, Question 74 – Causes of action against third parties**

The Debtors have only listed active affirmative litigation on the schedules. The Debtors may have other causes of action, and are not waiving any rights to pursue such causes of action in the future.

**5. Schedule D**

Except as specifically stated herein, real property lessors, utility companies and other parties that may hold security deposits have not been listed on Schedule D. The Debtors have not included parties that may believe their Claims are secured through setoff rights or inchoate statutory lien rights, including certain parties from whom the Debtors have received lien notices but whose notices the Debtors understands have not yet been filed or recorded. While reasonable efforts have been made, determination of the date upon which each claim in Schedule D was incurred or arose would be unduly burdensome or cost prohibitive, and therefore the Debtors may not list a date for each claim listed on Schedule D.

Finally, the Debtors are taking no position on the extent or priority of any particular creditor's lien in this document.

**6. Schedule E/F**

Certain of the claims of state and local taxing authorities set forth in Schedule E/F, ultimately may be deemed to be secured claims pursuant to state or local laws. In addition, certain of the claims owing to various taxing authorities to which any Debtor may be liable may be subject to ongoing audits. The Debtors reserve the right to dispute or challenge whether claims owing to various taxing authorities are entitled to priority and the listing of any claim on Schedule E/F does not constitute an admission that such claim is entitled to priority treatment pursuant to section 507 of the Bankruptcy Code.

The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtors' books and records and may not reflect credits, allowances, or other adjustments due from such creditors to any Debtor. The Debtors reserve all of their rights with regard to such credits, allowances, and other adjustments, including the right to assert claims objections and/or setoffs with respect to the same.

Pursuant to the Order Authorizing Payment of Prepetition Wages, Employee Benefits, and Insurance Premiums and Granting Related Relief [Docket No. 42] (the "Wages Order"), the Bankruptcy Court granted the Debtors authority to pay or honor certain prepetition obligations for wages, salaries, and other compensation, and employee medical and similar benefits. The Debtors have not listed on Schedule E/F any wage or wage-related obligations that the Debtors were granted authority to pay pursuant to any order that has been entered by the Bankruptcy Court, including the Wages Order. The Debtors believe that, with the exception of unpaid employee bonuses, which are included on Schedule E/F part 2, all such claims have been, or will be, satisfied in the ordinary course during their chapter 11 case pursuant to the authority granted in the Wages Order. While the unpaid employee bonuses are currently reflected on Schedule E/F part 2, the

analysis of these claims is continuing. Once the analysis is complete, some portion of these claims may be subject to priority treatment.

Schedule E/F does not include certain deferred charges, deferred liabilities, accruals, or general reserves. Such amounts are, however, reflected on the Debtors' books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific Claims as of the Petition Date. The Debtors have made every effort to include as contingent, unliquidated, or disputed the Claim of any vendor not included on the Debtors' open accounts payable that is associated with an account that has an accrual or receipt not invoiced.

Certain Houston facilities converted to operate under the Houston Cy-Fair Hospital license on October 11, 2016. Although some claims listed in this question may relate to purchases prior to the conversion date, all claims recorded after the conversion date are listed claims of the Houston Cy-Fair Hospital.

The claim amounts shown in Schedule E/F do not reflect assets, liabilities, revenue, and expenses of non-Debtor joint venture entities. Claims are held at the entity where the obligation was incurred..

For certain Houston locations, those Debtors recorded claims recognized before September 30, 2016 at the legal entity of the facility. After September 30, 2016 those Debtors recorded the claims of those facilities at the Houston Cy-Fair Hospital entity as those facilities began operating under the Houston Cy-Fair Hospital license as of October 11, 2016.

## 7. **Schedule G**

Certain of the instruments reflected on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional lands, and other miscellaneous rights. Such rights, powers, duties, and obligations are not separately set forth on Schedule G. The Debtors hereby expressly reserve the right to assert that any instrument listed on Schedule G is an executory contract or unexpired lease within the meaning of section 365 of the Bankruptcy Code. In addition, each Debtor reserves all of its rights, claims, and causes of action with respect to claims associated with any contracts and agreements listed on Schedule A/B, including their right to dispute or challenge the characterization or the structure of any transaction, document, or instrument (including any intercompany agreement).

Certain confidentiality and non-compete agreements may not be listed on Schedule G. The Debtors reserves all of their rights with respect to such agreements.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including purchase orders, amendments, restatements, waivers, letters and other documents that may not be listed on Schedule G or that may be listed as a single entry.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Debtors' use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, it is the Debtor's intent that each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider.

END OF GLOBAL NOTES

Debtor	Adeptus Health LLC
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF TEXAS
Case number (if known)	17-31435

Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* .....

NA

1b. **Total personal property:**

Copy line 91A from *Schedule A/B* .....

UNKNOWN

1c. **Total of all property:**

Copy line 92 from *Schedule A/B* .....

UNKNOWN

#### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$227,386,988.89

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....

UNKNOWN

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....

+ \$5,001.00

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$227,391,989.89

Debtor	Adeptus Health LLC
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS	
Case number (if known)	17-31435

Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: CASH AND CASH EQUIVALENTS

##### 1. DOES THE DEBTOR HAVE ANY CASH OR CASH EQUIVALENTS?

No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

##### 2. CASH ON HAND

##### 3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS (IDENTIFY ALL)

##### 4. OTHER CASH EQUIVALENTS

##### 5. Total of Part 1.

ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE TOTAL TO LINE 80.

#### Part 2: DEPOSITS AND PREPAYMENTS

##### 6. DOES THE DEBTOR HAVE ANY DEPOSITS OR PREPAYMENTS?

No. Go to Part 3.  
 Yes. Fill in the information below.

Current value of debtor's interest

##### 7. DEPOSITS, INCLUDING SECURITY DEPOSITS AND UTILITY DEPOSITS

DESCRIPTION, INCLUDING NAME OF HOLDER OF DEPOSIT

##### 8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

##### 9. Total of Part 2.

ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

**Part 3: ACCOUNTS RECEIVABLE**

**10. DOES THE DEBTOR HAVE ANY ACCOUNTS RECEIVABLE?**

No. Go to Part 4.  
 Yes. Fill in the information below.

Current value of  
 debtor's interest

**11. ACCOUNTS RECEIVABLE**

**12 Total of Part 3.**

CURRENT VALUE ON LINES 11A + 11B = LINE 12. COPY THE TOTAL TO LINE 82.

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**Part 4: INVESTMENTS**

**13. DOES THE DEBTOR OWN ANY INVESTMENTS?**

No. Go to Part 5.  
 Yes. Fill in the information below.

Valuation method used for current value	Current value of debtor's interest
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**14. MUTUAL FUNDS OR PUBLICLY TRADED STOCKS NOT INCLUDED IN PART 1**

NAME OF FUND OR STOCK:

N/A

**15. NON-PUBLICLY TRADED STOCK AND INTERESTS IN INCORPORATED AND UNINCORPORATED BUSINESSES, INCLUDING ANY INTEREST IN AN LLC, PARTNERSHIP, OR JOINT VENTURE**

Name of entity	% of ownership	
15.1. FIRST CHOICE ER, LLC	100%	UNKNOWN
15.2. NATIONAL MEDICAL PROFESSIONALS OF ARIZONA LLC	100%	UNKNOWN
15.3. NATIONAL MEDICAL PROFESSIONALS OF OHIO LLC	100%	UNKNOWN

**16. GOVERNMENT BONDS, CORPORATE BONDS, AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS NOT INCLUDED IN PART 1**

DESCRIBE:

N/A

**17 Total of Part 4.**

ADD LINES 14 THROUGH 16. COPY THE TOTAL TO LINE 83.

UNKNOWN

**Part 5: INVENTORY, EXCLUDING AGRICULTURE ASSETS**

**18. DOES THE DEBTOR OWN ANY INVENTORY (EXCLUDING AGRICULTURE ASSETS)?**

No. Go to Part 6.  
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. RAW MATERIALS**

**20. WORK IN PROGRESS**

**21. FINISHED GOODS, INCLUDING GOODS HELD FOR RESALE**

**22. OTHER INVENTORY OR SUPPLIES**

**23 Total of Part 5.**

ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.

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(Name)

24. Is any of the property listed in Part 5 perishable?
<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?
<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes Book value _____ Valuation method _____ Current value _____
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?
<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes

**Part 6: FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)**

**27. DOES THE DEBTOR OWN OR LEASE ANY FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)?**

No. Go to Part 7.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**28. CROPS—EITHER PLANTED OR HARVESTED**

**29. FARM ANIMALS EXAMPLES: LIVESTOCK, POULTRY, FARM-RAISED FISH EXAMPLES:  
 LIVESTOCK, POULTRY, FARM-RAISED FISH**

**30. FARM MACHINERY AND EQUIPMENT (OTHER THAN TITLED MOTOR VEHICLES)  
 (OTHER THAN TITLED MOTOR VEHICLES)**

**31. FARM AND FISHING SUPPLIES, CHEMICALS, AND FEED**

**32. OTHER FARMING AND FISHING-RELATED PROPERTY NOT ALREADY LISTED IN PART 6**

**33. Total of Part 6.**

ADD LINES 28 THROUGH 32. COPY THE TOTAL TO LINE 85.

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**34. Is the debtor a member of an agricultural cooperative?**

No  
 Yes. Is any of the debtor's property stored at the cooperative?  
 No  
 Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

No  
 Yes

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

No  
 Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

No  
 Yes

**Part 7: OFFICE FURNITURE, FIXTURES, AND EQUIPMENT; AND COLLECTIBLES**

**38. DOES THE DEBTOR OWN OR LEASE ANY OFFICE FURNITURE, FIXTURES, EQUIPMENT, OR COLLECTIBLES?**

No. Go to Part 8.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

**39. OFFICE FURNITURE**

**40. OFFICE FIXTURES**

**41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION  
 SYSTEMS EQUIPMENT AND SOFTWARE**

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest								
<b>42. COLLECTIBLES EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES</b> EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES											
<b>43 Total of Part 7.</b> ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>											
<b>44. Is a depreciation schedule available for any of the property listed in Part 7?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes											
<b>45. Has any of the property listed in Part 7 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes											
<b>Part 8: MACHINERY, EQUIPMENT, AND VEHICLES</b>											
<b>46. DOES THE DEBTOR OWN OR LEASE ANY MACHINERY, EQUIPMENT, OR VEHICLES?</b> <input checked="" type="checkbox"/> No. Go to Part 9. <input type="checkbox"/> Yes. Fill in the information below.											
<table border="1"> <thead> <tr> <th>General description</th> <th>Net book value of debtor's interest (Where available)</th> <th>Valuation method used for current value</th> <th>Current value of debtor's interest</th> </tr> </thead> <tbody> <tr> <td>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest	Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest								
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)											
<b>47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES</b>											
<b>48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS</b> EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS											
<b>49. AIRCRAFT AND ACCESSORIES</b>											
<b>50. OTHER MACHINERY, FIXTURES, AND EQUIPMENT (EXCLUDING FARM MACHINERY AND EQUIPMENT)</b>											
<b>51 Total of Part 8.</b> ADD LINES 47 THROUGH 50. COPY THE TOTAL TO LINE 87. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>											
<b>52. Is a depreciation schedule available for any of the property listed in Part 8?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes											
<b>53. Has any of the property listed in Part 8 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes											
<b>Part 9: REAL PROPERTY</b>											
<b>54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY?</b> <input checked="" type="checkbox"/> No. Go to Part 10. <input type="checkbox"/> Yes. Fill in the information below.											
<b>55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST</b>											

55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

56. Total of Part 9.

ADD THE CURRENT VALUE ON LINES 55.1 THROUGH 55.6 AND ENTRIES FROM ANY ADDITIONAL SHEETS. COPY THE TOTAL TO LINE 88.

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57. Is a depreciation schedule available for any of the property listed in Part 9?

No  
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No  
 Yes

**Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY**

59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY?

No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS

61. INTERNET DOMAIN NAMES AND WEBSITES

62. LICENSES, FRANCHISES, AND ROYALTIES

63. CUSTOMER LISTS, MAILING LISTS, OR OTHER COMPILATIONS

64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY

65. GOODWILL

66. Total of Part 10.

ADD LINES 60 THROUGH 65. COPY THE TOTAL TO LINE 89.

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No  
 Yes  
 ..

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No  
 Yes

**Part 11: ALL OTHER ASSETS**

70. DOES THE DEBTOR OWN ANY OTHER ASSETS THAT HAVE NOT YET BEEN REPORTED ON THIS FORM?

INCLUDE ALL INTERESTS IN EXECUTORY CONTRACTS AND UNEXPIRED LEASES NOT PREVIOUSLY REPORTED ON THIS FORM.

No. Go to Part 12.  
 Yes. Fill in the information below.

Current value of debtor's interest

71. NOTES RECEIVABLE

DESCRIPTION (INCLUDE NAME OF OBLIGOR)

	Current value of debtor's interest	
72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS) DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)		
73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES		
74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)		
75. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS		
76. TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY		
77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP		
78. Total of Part 11. ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.	[Redacted]	
79. Has any of the property listed in Part 11 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Part 12: Summary</b>		
In Part 12 copy all of the totals from the earlier parts of the form.		
Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.		
81. Deposits and prepayments. Copy line 9, Part 2.		
82. Accounts receivable. Copy line 12, Part 3.		
83. Investments. Copy line 17, Part 4.	UNKNOWN	
84. Inventory. Copy line 23, Part 5.		
85. Farming and fishing-related assets. Copy line 33, Part 6.		
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.		
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.		
88. Real property. Copy line 56, Part 9. . . . . →	[Redacted]	
89. Intangibles and intellectual property. Copy line 66, Part 10.		
90. All other assets. Copy line 78, Part 11.	+	
91. Total. Add lines 80 through 90 for each column. . . . . 91a.	\$0.00	+ 91b [Redacted]

92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. .... \$0.00

Debtor	Adeptus Health LLC
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS	
Case number (if known)	17-31435

Check if this is an amended filing

## Official Form 206D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. 1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Creditors with Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
2.1	<p><b>Creditor's name</b> CREEKRIDGE CAPITAL LLC</p> <p><b>Creditor's mailing address</b> 7808 CREEKRIDGE CIRCLE STE 250 EDINA, MN 55439</p> <p><b>Creditor's email address</b></p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Describe debtor's property that is subject to a lien</b> CERTAIN ASSETS AS SET FORTH IN SCHEDULES TO UCC FILING</p> <p><b>Describe the lien</b> UCC EQUIPMENT LIEN</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p>	UNKNOWN UNKNOWN
2.2	<p><b>Creditor's name</b> DEERFIELD MANAGEMENT COMPANY, L.P., AS ADMINISTRATIVE AGENT</p> <p><b>Creditor's mailing address</b> 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017</p> <p><b>Creditor's email address</b></p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Describe debtor's property that is subject to a lien</b> SUBSTANTIALLY ALL ASSETS</p> <p><b>Describe the lien</b> TERM A-1</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	\$116,029,174.00 UNKNOWN

## Part 1: Additional Page

		Column A	Column B
		Amount of claim <i>Do not deduct the value of collateral.</i>	Value of collateral that supports this claim
2.3	<b>Creditor's name</b> DEERFIELD MANAGEMENT COMPANY, L.P., AS ADMINISTRATIVE AGENT	<b>Describe debtor's property that is subject to a lien</b> SUBSTANILIALLY ALL ASSETS	\$62,397,000.00 UNKNOWN
	<b>Creditor's mailing address</b> 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017	<b>Describe the lien</b> REVOLVING LOANS	
	<b>Creditor's email address</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Date or dates debt was incurred</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	<b>Last 4 digits of account number:</b>		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
2.4	<b>Creditor's name</b> DEERFIELD MANAGEMENT COMPANY, L.P., AS ADMINISTRATIVE AGENT	<b>Describe debtor's property that is subject to a lien</b> SUBSTANILIALLY ALL ASSETS	\$14,667,393.00 UNKNOWN
	<b>Creditor's mailing address</b> 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017	<b>Describe the lien</b> TERM A-2	
	<b>Creditor's email address</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Date or dates debt was incurred</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	<b>Last 4 digits of account number:</b>		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
2.5	<b>Creditor's name</b> DEERFIELD MANAGEMENT COMPANY, L.P., AS ADMINISTRATIVE AGENT	<b>Describe debtor's property that is subject to a lien</b> SUBSTANILIALLY ALL ASSETS	\$13,500,000.00 UNKNOWN
	<b>Creditor's mailing address</b> 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017	<b>Describe the lien</b> BRIDGE 2	
	<b>Creditor's email address</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Date or dates debt was incurred</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	<b>Last 4 digits of account number:</b>		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Part 1: Additional Page

		Column A	Column B
		Amount of claim <i>Do not deduct the value of collateral.</i>	Value of collateral that supports this claim
2.6	<b>Creditor's name</b> DEERFIELD MANAGEMENT COMPANY, L.P., AS ADMINISTRATIVE AGENT	<b>Describe debtor's property that is subject to a lien</b> SUBSTANILIALLY ALL ASSETS	\$13,138,708.94
	<b>Creditor's mailing address</b> 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017	<b>Describe the lien</b> L/C OBLIGATIONS	UNKNOWN
	<b>Creditor's email address</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Date or dates debt was incurred</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	<b>Last 4 digits of account number:</b>		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
2.7	<b>Creditor's name</b> DEERFIELD MANAGEMENT COMPANY, L.P., AS ADMINISTRATIVE AGENT	<b>Describe debtor's property that is subject to a lien</b> SUBSTANILIALLY ALL ASSETS	\$7,654,712.95
	<b>Creditor's mailing address</b> 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017	<b>Describe the lien</b> BRIDGE 1	UNKNOWN
	<b>Creditor's email address</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Date or dates debt was incurred</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	<b>Last 4 digits of account number:</b>		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
3.	<b>Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>		\$227,386,988.89

Debtor	Adeptus Health LLC
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS	
Case number (if known)	17-31435

Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<b>Priority creditor's name and mailing address</b> AD VALOREM APPRAISALS INC 822 W PASADENA BLVD DEER PARK, TX 77536-5749  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN
2.2	<b>Priority creditor's name and mailing address</b> ADAMS COUNTY TREASURER PO BOX 869 BRIGHTON, CO 80601-0869  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN
2.3	<b>Priority creditor's name and mailing address</b> ARAPAHOE COUNTY TREASURER 5334 S. PRINCE ST LITTLETON, CO 80120  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN

## Part 1: Additional Page

			Total claim	Priority amount
2.4	<b>Priority creditor's name and mailing address</b> ARIZONA DEPARTMENT OF REVENUE PO BOX 29085 PHOENIX, AZ 85038-9085	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.5	<b>Priority creditor's name and mailing address</b> BEXAR COUNTY TAX ASSESSOR-COLLECTOR BEXAR COUNTY TAX ASSESSOR-COLLECTOR PO BOX 2903 SAN ANTONIO, TX 78299-2903	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.6	<b>Priority creditor's name and mailing address</b> BOULDER COUNTY TREASURER PO BOX 471 BOULDER, CO 80306-0471	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.7	<b>Priority creditor's name and mailing address</b> BRAZORIA CO MUD #17 #5 OAKTREE FRIENDSWOOD, TX 77546	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.8	<b>Priority creditor's name and mailing address</b> BRAZORIA COUNTY M.U.D. #28 PO BOX 1368 FRIENDSWOOD, TX 77549-1368	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

## Part 1: Additional Page

			Total claim	Priority amount
2.9	<b>Priority creditor's name and mailing address</b> BRIDGESTONE MUD PO BOX 73109 HOUSTON, TX 772733109 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.10	<b>Priority creditor's name and mailing address</b> CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT 1445 N PERRY RD CARROLLTON, TX 75006 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.11	<b>Priority creditor's name and mailing address</b> CINCO SOUTHWEST MUD #2 MIKE ARTERBURN, TAX A/C 11500 NW FREEWAY STE 465 HOUSTON, TX 77092 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.12	<b>Priority creditor's name and mailing address</b> CITY AND COUNTY OF BROOMFIELD - TAX PO BOX 407 BROOMFIELD, CO 80038-0407 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.13	<b>Priority creditor's name and mailing address</b> CITY AND COUNTY OF DENVER TREASURY DIVISION PO BOX 17420 DENVER, CO 80217-0420 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

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			Total claim	Priority amount
2.14	<b>Priority creditor's name and mailing address</b> CITY OF DEER PARK TAX OFFICE P.O. BOX 700 DEER PARK, TX 77536	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.15	<b>Priority creditor's name and mailing address</b> CITY OF GARLAND PO BOX 462010 GARLAND, TX 75046-2010	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.16	<b>Priority creditor's name and mailing address</b> CITY OF NEW ORLEANS - TAX PO BOX 60047 NEW ORLEANS, LA 70160-0047	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.17	<b>Priority creditor's name and mailing address</b> CLEAR CREEK ISD TAX OFFICE PO BOX 650395 DALLAS, TX 75265-0395	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.18	<b>Priority creditor's name and mailing address</b> COLLIN COUNTY TAX ASSESSOR COLLECTOR COLLIN COUNTY MCKINNEY, TX 75071	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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			Total claim	Priority amount
2.19	<b>Priority creditor's name and mailing address</b> COLORADO DEPARTMENT OF REVENUE DENVER, CO 80261	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY</b> unsecured claim: 11 U.S.C. § 507(a) (8)	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.20	<b>Priority creditor's name and mailing address</b> CORNERSTONES M.U.D 11111 KATY FREEWAY #725 HOUSTON, TX 77079-2197	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY</b> unsecured claim: 11 U.S.C. § 507(a) (8)	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	<b>Priority creditor's name and mailing address</b> CYPRESS-FAIRBANKS ISD TAX ASSESSOR-COLLECTOR 10494 JONES RD. SUITE 106 HOUSTON, TX 77065	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY</b> unsecured claim: 11 U.S.C. § 507(a) (8)	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	<b>Priority creditor's name and mailing address</b> CYPRESS-FAIRBANKS ISD ***INACTIVE*** 10494 JONES RD, SUITE 106 HOUSTON, TX 77065	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY</b> unsecured claim: 11 U.S.C. § 507(a) (8)	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.23	<b>Priority creditor's name and mailing address</b> CYPRESS-FAIRBANKS ISD**INACTIVE** PO BOX 203908 HOUSTON, TX 77216-3908	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY</b> unsecured claim: 11 U.S.C. § 507(a) (8)	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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			Total claim	Priority amount
2.24	<b>Priority creditor's name and mailing address</b> DALLAS COUNTY CLERK DALLAS COUNTY CLERK'S OFFICE 509 MAIN STREET, SUITE 200 DALLAS, TX 75202-3551	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> 	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Last 4 digits of account number:</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>			
2.25	<b>Priority creditor's name and mailing address</b> DALLAS COUNTY TAX OFFICE JOHN R. AMES, CTA PO BOX 139066 DALLAS, TX 75313-9066	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> 	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Last 4 digits of account number:</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>			
2.26	<b>Priority creditor's name and mailing address</b> DENTON CNTY TAX ASSESSOR - COL MICHELLE FRENCH PO BOX 90223 DENTON, TX 76202	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> 	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Last 4 digits of account number:</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>			
2.27	<b>Priority creditor's name and mailing address</b> DOUGLAS COUNTY GOVERNMENT 100 THIRD STREET CASTLE ROCK, CO 80104	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> 	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Last 4 digits of account number:</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>			
2.28	<b>Priority creditor's name and mailing address</b> EL PASO COUNTY TREASURER EL PASO COUNTY TREASURER P.O.BOX 2018 COLORADO SPRINGS, CO 80901-2018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> 	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Last 4 digits of account number:</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>			

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			Total claim	Priority amount
2.29	<b>Priority creditor's name and mailing address</b> FAULKEY GULLY MUD PO BOX 1368 FRIENDSWOOD, TX 77549-1368 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.30	<b>Priority creditor's name and mailing address</b> FIRST COLONY L.I.D. 11111 KATY FWY, STE. 725 HOUSTON, TX 77079-2197 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.31	<b>Priority creditor's name and mailing address</b> FIRST COLONY M.U.D. #9 ESTHER BUENTELLO FLORES, RTA 12841 CAPRICORN ST STAFFORD, TX 77477 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.32	<b>Priority creditor's name and mailing address</b> FORT BEND COUNTY L.I.D. #12 ESTHER BUENTELLO FLORES, RTA 873 DULLES AVE., STE A STAFFORD, TX 77477-5753 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.33	<b>Priority creditor's name and mailing address</b> FORT BEND COUNTY M.U.D. #50 ESTHER BUENTELLO FLORES, RTA 12841 CAPRICORN ST STAFFORD, TX 77477 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

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			Total claim	Priority amount
2.34	<b>Priority creditor's name and mailing address</b> FORT BEND COUNTY MUD #118 11111KATY FRWY, STE 725 HOUSTON, TX 77079-2197 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.35	<b>Priority creditor's name and mailing address</b> FORT BEND COUNTY MUD #167 MIKE ARTERBURN, TAX A/C 11500 NW FREEWAY STE 465 HOUSTON, TX 77092 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.36	<b>Priority creditor's name and mailing address</b> FORT BEND COUNTY TAX ASSESSOR-COLLECTOR P.O. BOX 1028 PAYMENT PROCESSING DEPT SUGARLAND, TX 77487-1028 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.37	<b>Priority creditor's name and mailing address</b> FRANKLIN COUNTY TREASURER RONALD J HAGAN PO BOX 742538 CINCINNATI, OH 45274-2538 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.38	<b>Priority creditor's name and mailing address</b> FRIENDSWOOD ISD & GCCDD CONSOLIDATED TAX OFFICE PO BOX 203394 DALLAS, TX 75320-3394 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

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			Total claim	Priority amount
2.39	<b>Priority creditor's name and mailing address</b> GALVESTON COUNTY TAX OFFICE 722 MOODY GALVESTON, TX 77550	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.40	<b>Priority creditor's name and mailing address</b> GARLAND INDEPENDENT SCHOOL DISTRICT P.O. BOX 461407 GARLAND, TX 461407	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.41	<b>Priority creditor's name and mailing address</b> GRAPEVINE-COLLEYVILLE TAX OFFICE 3072 MUSTANG DRIVE GRAPEVINE, TX 76051	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.42	<b>Priority creditor's name and mailing address</b> HARRIS CO IMPROV DIST 4 PO BOX 73109 HOUSTON, TX 77273	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.43	<b>Priority creditor's name and mailing address</b> HARRIS COUNTY ANN HARRIS BENNETT TAX ASSESSOR-COLLECTOR PO BOX 4622 HOUSTON, TX 77210-4622	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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			Total claim	Priority amount
2.44	<b>Priority creditor's name and mailing address</b> HARRIS COUNTY MUD #278 PO BOX 1368 FRIENDSWOOD, TX 77549-1368 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.45	<b>Priority creditor's name and mailing address</b> HARRIS COUNTY MUD #342 CATHERINE WHEELER, TAX A/C PO BOX 3155 HOUSTON, TX 77253-3155 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.46	<b>Priority creditor's name and mailing address</b> HARRIS COUNTY MUD #358 - TAX 11111 KATY FREEWAY SUITE 725 HOUSTON, TX 77079 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.47	<b>Priority creditor's name and mailing address</b> HARRIS COUNTY MUD #468 - TAX ESTHER BUENTELLO FLORES, RTA 12841 CAPRICORN ST STAFFORD, TX 77477 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.48	<b>Priority creditor's name and mailing address</b> HARRIS COUNTY WCID #114 TAX ASSESSOR/COLLECTOR PO BOX 73109 HOUSTON, TX 77273-3109 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

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			Total claim	Priority amount
2.49	<b>Priority creditor's name and mailing address</b> HARRIS COUNTY WCID #155 11111 KATY FREEWAY SUITE 725 HOUSTON, TX 77079	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	<b>Priority creditor's name and mailing address</b> HUMBLE ISD PO BOX 4020 HOUSTON, TX 77210	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.51	<b>Priority creditor's name and mailing address</b> INTERNAL REVENUE SERVICE DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.52	<b>Priority creditor's name and mailing address</b> JON PETERSON-DELAWARE COUNTY TREASURER P.O. BOX 8006 DELAWARE, OH 43015-8006	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.53	<b>Priority creditor's name and mailing address</b> JUDSON ISD TAX OFFICE 8012 SHIN OAK DR LIVE OAK, TX 78233-2413	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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			Total claim	Priority amount
2.54	<b>Priority creditor's name and mailing address</b> KENNETH L. MAUN TAX ASSESSOR COLLECTOR COLLIN COUNTY MCKINNEY, TX 75070-8046	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.55	<b>Priority creditor's name and mailing address</b> KLEIN ISD 7200 SPRING-CYPRESS RD KLEIN, TX 77379-3299	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.56	<b>Priority creditor's name and mailing address</b> LA PORTE ISD GCCISD TAX SERVICES PO BOX 2805 4544 INTERSTATE 10 EAST BAYTOWN, TX 77521	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.57	<b>Priority creditor's name and mailing address</b> LA PORTE TAX OFFICE PO BOX 4433 HOUSTON, TX 77210-4433	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.58	<b>Priority creditor's name and mailing address</b> MARICOPA COUNTY TREASURER'S OFFICE PO BOX 52133 PHOENIX, AZ 85072	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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			Total claim	Priority amount
2.59	<b>Priority creditor's name and mailing address</b> MESQUITE TAX FUND P.O. BOX 850267 MESQUITE, TX 75185-0267	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.60	<b>Priority creditor's name and mailing address</b> MONTGOMERY COUNTY MUD #46 PO BOX 7829 THE WOODLANDS, TX 77387-7829	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.61	<b>Priority creditor's name and mailing address</b> MONTGOMERY COUNTY TAX TAX ASSESSOR-COLLECTOR 400 N SAN JACINTO ST CONROE, TX 77301-2823	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.62	<b>Priority creditor's name and mailing address</b> REMINGTON MUD 1 AVIK BONNERJEE TAX ASSESSOR COLLECTOR HOUSTON, TX 77251-1819	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.63	<b>Priority creditor's name and mailing address</b> RICHARDSON ISD TAX OFFICE 970 SECURITY ROW RICHARDSON, TX 75081	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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			Total claim	Priority amount
2.64	<b>Priority creditor's name and mailing address</b> RO'VIN GARRETT, PCC(BRAZORIA COUNTY) BRAZORIA COUNTY TAX ASSESSOR 111 E. LOCUST ANGLETON, TX 77515	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.65	<b>Priority creditor's name and mailing address</b> RO'VIN GARRETT, TAX ASSESSOR-COLLECTOR PO BOX 1586 LAKE JACKSON, TX 77566	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.66	<b>Priority creditor's name and mailing address</b> SIENNA PLANTATION L.I.D. ESTHER BUENTELLO FLORES, RTA 12841 CAPRICORN ST STAFFORD, TX 77477	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.67	<b>Priority creditor's name and mailing address</b> SIENNA PLANTATION MANAGEMENT DISTRICT ESTHER BUENTELLO FLORES, RTA 12841 CAPRICORN ST STAFFORD, TX 77477	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.68	<b>Priority creditor's name and mailing address</b> SOUTH SHORE HARBOUR MUD #6 P.O. BOX 1368 FRIENDSWOOD, TX 77549-1368	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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			Total claim	Priority amount
2.69	<b>Priority creditor's name and mailing address</b> SOUTH SHORE HARBOUR MUD #6 PO BOX 1368 FRIENDSWOOD, TX 77549-1368 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.70	<b>Priority creditor's name and mailing address</b> ST TAMMANY PARISH ATTN: TAX ASSESSOR 701 N COLUMBIA ST COVINGTON, LA 70433 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.71	<b>Priority creditor's name and mailing address</b> STATE COMPTROLLER PO BOX 149359 AUSTIN, TX 78714-9359 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.72	<b>Priority creditor's name and mailing address</b> STATE COMPTROLLER PO BOX 149359 AUSTIN, TX 78714-9359 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> TEXAS FRANCHISE TAX PAYMENT <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.73	<b>Priority creditor's name and mailing address</b> TARRANT COUNTY 100 W. WEATHERFORD FORT WORTH, TX 76196 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

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			Total claim	Priority amount
2.74	<b>Priority creditor's name and mailing address</b> TARRANT COUNTY TAX ASSESSOR-COLLECTOR PO BOX 961018 FORT WORTH, TX 76161	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>		
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.75	<b>Priority creditor's name and mailing address</b> TAX ASSESSOR COLLECTOR, AVIK BONNERJEE 13333 NORTHWEST FREEWAY, SUITE 250 HOUSTON, TX 77040	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>		
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.76	<b>Priority creditor's name and mailing address</b> TAX ASSESSOR-COLLECTOR 904 S. MAIN STREET GEORGETOWN, TX 78686	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>		
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.77	<b>Priority creditor's name and mailing address</b> TAX ASSESSOR-COLLECTOR PO BOX 4622 HOUSTON, TX 77210-4622	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>		
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.78	<b>Priority creditor's name and mailing address</b> TOMBALL ISD - TAX PO BOX 276 TOMBALL, TX 77377-0276	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM		
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>		
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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			Total claim	Priority amount
2.79	<b>Priority creditor's name and mailing address</b> TRAVIS COUNTY TAX OFFICE P.O. BOX 149328 AUSTIN, TX 78714-9328	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.80	<b>Priority creditor's name and mailing address</b> TREASURER-JEFFERSON COUNTY COLORADO 100 JEFFERSON COUNTY PARKWAY 2520 GOLDEN, CO 80419	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.81	<b>Priority creditor's name and mailing address</b> US BANK AS CUSTODIAN FOR TAX EASE OHIO LLC LOCKBOX #005191 PO BOX 645191 CINCINNATI, OH 45264-5191	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.82	<b>Priority creditor's name and mailing address</b> VIRGINIA DEPARTMENT OF TAXATION P O BOX 1777 RICHMOND, VA 23218	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.83	<b>Priority creditor's name and mailing address</b> WELD COUNTY TREASURER PO BOX 458 1400 N 17TH AVE GREELEY, CO 80632-0458	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## Part 1: Additional Page

			Total claim	Priority amount
2.84	<b>Priority creditor's name and mailing address</b> WEST HARRIS COUNTY MUD #9 CATHERINE WHEELER, TAX A/C P.O. BOX 3155 HOUSTON, TX 77253-3155	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

			Amount of claim
2.85	<b>Priority creditor's name and mailing address</b> WILLIAMSON COUNTY TAX ASSESSOR-COLLECTOR 904 S MAIN ST GEORGETOWN, TX 78626	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Basis for the claim:</b> POTENTIAL TAX CLAIM <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	<b>Nonpriority creditor's name and mailing address</b> AMERICAN RED CROSS C/O ROSS PANKO AREN'T FOX 1717 K STREET NW WASHINGTON, DC 20006-5344	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b>	<b>Basis for the claim:</b> POTENTIAL LITIGATION <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	<b>Nonpriority creditor's name and mailing address</b> BRENT BLONIGAN C/O STUART L COCHRAN STECKLER GRESHMAN COCHRAN PLLC 12720 HILLCREST ROAD DALLAS, TX 75230	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b>	<b>Basis for the claim:</b> LITIGATION <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	<b>Nonpriority creditor's name and mailing address</b> CENTER FOR VETERANS ACCESS ATTORNEY O ROSALES PO BOX 6429 AUSTIN, TX 78762-6429	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b>	<b>Basis for the claim:</b> LITIGATION <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Part 2: Additional Page

		Amount of claim
3.4	<b>Nonpriority creditor's name and mailing address</b> CHATAN PATEL C/O STUART L COCHRAN STECKLER GRESHMAN COCHRAN PLLC 12720 HILLCREST ROAD DALLAS, TX 75230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	<b>Nonpriority creditor's name and mailing address</b> DAVID ATKINSON C/O STUART L COCHRAN STECKLER GRESHMAN COCHRAN PLLC 12720 HILLCREST ROAD DALLAS, TX 75230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	<b>Nonpriority creditor's name and mailing address</b> ECC MANAGEMENT, LLC 2941 LAKE VISTA DR. LEWISVILLE, TX 75067-3801  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	<b>Nonpriority creditor's name and mailing address</b> KRISSA PRICE C/O STUART L COCHRAN STECKLER GRESHMAN COCHRAN PLLC 12720 HILLCREST ROAD DALLAS, TX 75230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	<b>Nonpriority creditor's name and mailing address</b> MICHAEL PRICE C/O STUART L COCHRAN STECKLER GRESHMAN COCHRAN PLLC 12720 HILLCREST ROAD DALLAS, TX 75230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2:** Additional Page

	Amount of claim	
3.9 <b>Nonpriority creditor's name and mailing address</b>  TRUMAN BLOCKER III C/O STUART L COCHRAN STECKLER GRESHMAN COCHRAN PLLC 12720 HILLCREST ROAD DALLAS, TX 75230	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION	UNKNOWN
<b>Date or dates debt was incurred</b>  VARIOUS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Last 4 digits of account number:</b>		

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>UNKNOWN</u>
5b. Total claims from Part 2	5b. + <u>\$5,001.00</u>
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c. <u>\$5,001.00</u>

Debtor	Adeptus Health LLC
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS	
Case number (if known)	17-31435

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>MASTER SERVICES AGREEMENT</p> <p><b>State the term remaining</b> 3/1/17 – 2/28/20</p> <p><b>List the contract number of any government contract</b></p>	<p>API NATIONAL SERVICE GROUP 1200 OLD HIGHWAY 8 NW NEW BRIGHTON, MN 55112</p>
2.2	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>THINKRISK CONVERGING RISK LIABILITY POLICY - CYBER LIABILITY POLICY NO. CR-160452</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ASPEN SPECIALTY INSURANCE COMPANY 175 CAPITAL BOULEVARD SUITE 300 ROCKY HILL, CT 06067</p>
2.3	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>NON DISCLOSRE AGREEMENT</p> <p><b>State the term remaining</b> SUBJECT TO THE TERMINATION OF THE PARTIES</p> <p><b>List the contract number of any government contract</b></p>	<p>ATHENAHEALTH, INC. ATTN: LEGAL DEPARTMENT 311 ARSENAL ST. WATERTOWN, MA 02472</p>
2.4	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>PRICING TABLE/INFORMATION</p> <p><b>State the term remaining</b> TERM END NOT PROVIDED</p> <p><b>List the contract number of any government contract</b></p>	<p>AXION HEALTH, INC. ATTN: ADRIAN OZGA 7403 CHURCH RANCH BLVD. SUITE 110 WESTMINSTER, CO 80021</p>

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.5	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	READYSET SERVICES AGREEMENT SUBJECT TO SOW #1 (WHICH IS NOT PROVIDED)  
2.6	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IDN MASTER AGREEMENT INITIALLY 60 MONTHS, AFTERWARDS AUTOMATIC RENEWAL FOR 12 MONTHS PERIODS, UNLESS EITHER PARTY GIVES 90 DAYS' NOTICE  
2.7	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	BUSINESS ASSOCIATE AGREEMENT IT WILL STAY IN EFFECT UNTIL TERMINATED  
2.8	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT IN FORCE ONLY UNTIL THE TIME THAT PARTIES ENTER INTO ANOTHER AGREEMENT THAT HAS A CONFIDENTIALITY PROVISION.  
2.9	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT IN FORCE ONLY UNTIL THE TIME THAT PARTIES ENTER INTO ANOTHER AGREEMENT THAT HAS A CONFIDENTIALITY PROVISION.  

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.10	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	BUXTON RESPONSE TO RFP  BUXTON COMPANY 265 SOUTH POLARIS DRIVE FORT WORTH, TX 76137
2.11	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> EFFECTIVE UNTIL TERMINATED.  <b>List the contract number of any government contract</b>	PROFESSIONAL SERVICES AGREEMENT  BUXTON COMPANY 265 SOUTH POLARIS DRIVE FORT WORTH, TX 76137
2.12	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> UNTIL THE TERMINATION  <b>List the contract number of any government contract</b>	CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT  C&C CLINICAL LABORATORY CONSULTING, LLC 1810 EASTFORK LN WYLIE, TX 75098
2.13	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> TERMINABLE AT WILL, WITH 14 BUSINESS DAYS' NOTICE  <b>List the contract number of any government contract</b>	INDEPENDENT CONSULTANT AGREEMENT  C&C CLINICAL LABORATORY CONSULTING, LLC 1810 EASTFORK LN WYLIE, TX 75098
2.14	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> UNTIL THE COMPLETION OF SERVICES BUT THE AGREEMENT IS TERMINABLE AT ANY TIME WITH 30 DAYS' NOTICE.  <b>List the contract number of any government contract</b>	CONSULTING AGREEMENT  CARMICHAEL & COMPANY, LLC 3834 SOUTH EMERSON DRIVE BLDG A INDIANAPOLIS, IN 46203
2.15	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> TERMINABLE AT ANY TIME UPON 30 DAYS' NOTICE  <b>List the contract number of any government contract</b>	MUTUAL NON DISCLOSURE AGREEMENT  CERNER MULTUM, INC. 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.16	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> 3 YEARS  <b>List the contract number of any government contract</b>	SOFTWARE LICENSE AGREEMENT  CHAMPION MEDICAL TECHNOLOGIES, INC. 765 ELA ROAD SUITE 200 LAKE ZURICH, IL 60047
2.17	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> NOT INDICATED. MAKES A REFERENCE TO BUYER' PURCHASE ORDER  <b>List the contract number of any government contract</b>	MASTER PURCHASE AGREEMENT  CHANDLER SIGNS, LLC 3201 MANOR WAY DALLAS, TX 75235-5909
2.18	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> AS SET FORTH IN THE MOST RECENT ORDER FORM EXECUTED BY THE PARTIES (NOT ATTACHED TO THE AGREEMENT)  <b>List the contract number of any government contract</b>	ENTERPRISE LICENSE AGREEMENT  COMMUNICARE TECHNOLOGY, INC. DBA PULSARA 2880 TECHNOLOGY BOULEVARD WEST BOZEMAN, MT 59718
2.19	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> IN FORCE ONLY UNTIL THE TIME THAT PARTIES ENTER INTO ANOTHER AGREEMENT THAT HAS A CONFIDENTIALITY PROVISION.  <b>List the contract number of any government contract</b>	CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT  CONIFER REVENUE CYCLE SOLUTIONS, LLC ATTN : CHIEF LEGAL OFFICER 3560 DALLAS PARKWAY FRISCO, TX 75034
<b>ADDITION</b>		
2.20	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	ELECTRICITY SUPPLY AGREEMENT DTD 2/15/2017  CONSTELLATION NEWENERGY INC ATTN CONTRACTS ADMINISTRATION 1221 LAMAR ST STE 750 HOUSTON, TX 77010

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

**ADDITION**

2.21 **State what the contract or lease is for and the nature of the debtor's interest** ELECTRICITY SUPPLY AGREEMENT DTD 2/16/2017 **CONSTELLATION NEWENERGY INC**  
 ATTN CONTRACTS ADMINISTRATION  
 1221 LAMAR ST  
 STE 750  
 HOUSTON, TX 77010

**State the term remaining**

**List the contract number of any government contract**

**ADDITION**

2.22 **State what the contract or lease is for and the nature of the debtor's interest** ELECTRICITY SUPPLY AGREEMENT DTD 3/30/17 **CONSTELLATION NEWENERGY INC**  
 ATTN CONTRACTS ADMINISTRATION  
 1221 LAMAR ST  
 STE 750  
 HOUSTON, TX 77010

**State the term remaining**

**List the contract number of any government contract**

**ADDITION**

2.23 **State what the contract or lease is for and the nature of the debtor's interest** GOVERNMENT AFFAIRS AND CONSULTING SERVICES AGREEMENT **CORNERSTONE GOVERNMENT AFFAIRS**  
 300 INDEPENDENCE AVE SE  
 WASHINGTON, DC 20003

**State the term remaining**

**List the contract number of any government contract**

2.24 **State what the contract or lease is for and the nature of the debtor's interest** SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES **CREEKRIDGE CAPITAL, LLC**  
 7808 CREEKRIDGE CIR.  
 STE. 250  
 MINNEAPOLIS, MN 55439

**State the term remaining** 60 MONTHS

**List the contract number of any government contract**

2.25 **State what the contract or lease is for and the nature of the debtor's interest** INSURANCE CONTRACT DTD 1/1/2016 GROUP NO. 16138 (EOC\_PPO\_16138\_REVJAN2016) **DELTA DENTAL INSURANCE COMPANY**  
 ATTN: BELINDA MARTINEZ  
 1130 SANCTUARY PARKWAY  
 ALPHARETTA, GA 30009

**State the term remaining** 1/1/2016, 12/31/2016

**List the contract number of any government contract**

2.26 **State what the contract or lease is for and the nature of the debtor's interest** MOBILE INTERNET SUBSCRIBER APPLICATION LICENSED SERVICES **DIRECTORPOINT LLC**  
 1500 1ST AVE  
 SUITE E102  
 BIRMINGHAM, AL 35203

**State the term remaining** JUNE 1, 2016 THROUGH MAY 31, 2017;  
 AUTOMATIC RENEWAL FOR  
 SUCCESSIVE 1 YEAR PERIODS UNLESS  
 TERMINATED BY 60 DAYS WRITTEN  
 NOTICE

**List the contract number of any government contract**

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.27	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	ACCOUNTING SERVICES  DIXON HUGHES GOODMAN, LLP 124 VERDAE BLVD. SUITE 506 GREENVILLE, SC 29607
2.28	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> 1 YEAR; AUTOMATIC RENEWAL FOR SUCCESSIVE 1 YEAR PERIODS UNLESS TERMINATED PRIOR TO EXPIRATION OF THE PRIOR TERM  <b>List the contract number of any government contract</b>	MONITORING AND MAINTENANCE AGREEMENT  DSS FIRE, INC. 2602 NATIONAL PL GARLAND, TX 75041
2.29	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	PREVENTATIVE MAINTENANCE SERVICE PROPOSAL  ELECTRICAL POWER SYSTEMS SALES, HOLT CAT 2001 N. LOOP 12 IRVING, TX 75061
2.30	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> 1 YEAR  <b>List the contract number of any government contract</b>	SOLE SOURCE AGREEMENT PACKAGE AGREEMENT  ELECTRICAL POWER SYSTEMS SALES, HOLT CAT 2001 N. LOOP 12 IRVING, TX 75061
<b>ADDITION</b>		
2.31	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	DISTRIBUTOR SELECTION FORM DTD 4/26/2017 DL0132  FISHER HEALTHCARE 9999 VETERANS MEMORIAL DRIVE HOUSTON, TX 77038-2499
2.32	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	SPONSORSHIP AND ADVERTISING AGREEMENT DTD 8/28/2014  FRISCO ROUGHRIDERS LP ATTN SCOTT SONJU; PRESIDENT 7300 ROUGHRIDERS TRAIL FRISCO, TX 75034

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.33	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> 9/2/2014, 9/30/2017  <b>List the contract number of any government contract</b>	LETTER AGREEMENT RE: "DOMINANT" SPONSORSHIP AND ADVERTISING AGREEMENT  FRISCO ROUGHRIDERS LP ATTN: SCOTT SONJU, PRESIDENT 7300 ROUGHRIDERS TRAIL FRISCO, TX 75034
2.34	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	RISK MANAGEMENT AND BUSINESS ADVISORY CONSULTING SERVICES  FTI CONSULTING, INC. 227 W MONROE ST #900 CHICAGO, IL 60606
2.35	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> ACCORDING TO THOSE CERTAIN MEDICAL EQUIPMENT SCHEDULES TO THIS AGREEMENT  <b>List the contract number of any government contract</b>	LEASE OF GE MEDICAL EQUIPMENT  GE HFS, LLC 2 BETHESDA METRO CENTER SUITE 600 BETHESDA, MD 20814
2.36	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	GENERAL GUARANTEE  GE HFS, LLC 500 W MONROE ST CHICAGO, IL 60661
<b>ADDITION</b>		
2.37	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	BLOOD TYPING SYSTEMS INSTRUMENTS AND PRODUCTS MASTER SALES AND SERVICE AGREEMENT DTD 4/21/2016  GRIFOLS DIAGNOSTICS SOLUTIONS INC 4560 HORTON ST EMERYVILLE, CA 94608
2.38	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> 1 YEAR  <b>List the contract number of any government contract</b>	DATA LICENSING  HEALTH FORUM, LLC 155 N UPPER WACKER DRIVE SUITE 400 CHICAGO, IL 60606

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.39	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	CONFIDENTIALITY AGREEMENT  HILL-ROM COMPANY, INC. 1069 STATE ROAD 46 EAST BATESVILLE, IN 47006
2.40	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> 3 YEARS  <b>List the contract number of any government contract</b>	PRODUCT, COMPONENTS AND MAINTENANCE WORK FOR GENERATOR SETS  HOLT TEXAS, LTD (D/B/A HOLT POWER SYSTEMS) 5665 SOUTHEAST LOOP 410 SAN ANTONIO, TX 78222-3903
2.41	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> 6/20/2017, 6/20/2022  <b>List the contract number of any government contract</b>	RENEWAL SERVICE ORDER FORM  ICIMS, INC 90 MATAWAN ROAD MATAWAN, NJ 07747
2.42	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	CONFIDENTIALITY AGREEMENT  INTEGRATED SUPPORT SOLUTIONS, INC. 14558 SYLVAN STREET VAN NUYS, CA 91411
2.43	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> EFFECTIVE UPON SIGNATURE UNTIL TERMINATION  <b>List the contract number of any government contract</b>	SUPPLY CHAIN SERVICES  INVENTORY OPTIMIZATION SOLUTIONS, LLC 30 ENTERPRISE SUITE 300 ALISO VIEJO, CA 92656
2.44	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> 1 YEAR; AUTOMATIC RENEWAL FOR 1 YEAR TERMS UNLESS TERMINATED BY 90 DAYS WRITTEN NOTICE  <b>List the contract number of any government contract</b>	SUPPLY CHAIN SERVICES  INVENTORY OPTIMIZATION SOLUTIONS, LLC 30 ENTERPRISE SUITE 300 ALISO VIEJO, CA 92656

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.45	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	SUPPLY CHAIN SERVICES  MONTHLY OR ONE TIME SUBSCRIPTION OR SINGLE TIME PROJECT FEES EXECUTED UPON REQUEST
	<b>List the contract number of any government contract</b>	
2.46	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	GLOBAL FINANCIAL AND INVESTOR DATA  FROM THE EFFECTIVE DATE UNTIL ALL SCHEDULES HAVE EXPIRED OR BEEN TERMINATED
	<b>List the contract number of any government contract</b>	
2.47	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	PERIODIC PROJECT-BASED CONSULTING  ON A PROJECT BASIS OR 1 YEAR, WHICHEVER IS LONGER
	<b>List the contract number of any government contract</b>	
2.48	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	PERIODIC PROJECT-BASED CONSULTING STATEMENT OF WORKS OUTLINING SCOPE, DELIVERABLES, FEES, PAYMENT AND WARRANTY  ON A PROJECT BASIS OR 1 YEAR, WHICHEVER IS LONGER
	<b>List the contract number of any government contract</b>	
2.49	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	STATEMENT OF WORK DTD 10/26/2015 RELATED TO CLICKWRAP SUBSCRIPTION AGREEMENT DTD 10/26/2015
	<b>List the contract number of any government contract</b>	
2.50	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	SUBSCRIPTION AGREEMENT DTD 10/26/2015
	<b>List the contract number of any government contract</b>	

## List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

## ADDITION

2.51	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	CONSULTING SERVICES AGREEMENT DATED 1/1/2016	KEARNEY STREET CONSULTING, INC. 215 KEARNY CT ALPHARETTA, GA 30022
2.52	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	MATERIALS SUPPLY AGREEMENT (BUSINESS STRATEGY)	LOCKTON-DUNNING SERIES OF LOCKTON COMPANIES, LLC 2100 ROSS AVENUE SUITE 1200 DALLAS, TX 75201
2.53	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	DIRECT LENDER PROVIDING FINANCING TO BUSINESSES SO THEY CAN ACQUIRE NEW EQUIPMENT AND TECHNOLOGY WHILE PRESERVING CAPITAL	MARLIN BUSINESS SERVICES CORP. 300 FELLOWSHIP ROAD MOUNT LAUREL, NJ 08054
2.54	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> EFFECTIVE UNTIL ALL STATEMENTS OF WORK DULY ENTERED EXPIRES OR IS TERMINATED  <b>List the contract number of any government contract</b>	PRODUCTS AND SERVICES TO ASSIST BUSINESS PROCESSES, OPERATING MARGIN AND CASH FLOW	MEDASSETS NET REVENUE SYSTEMS, LLC 5543 LEGACY DRIVE PLANO, TX 75024
2.55	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> EFFECTIVE UNTIL ALL STATEMENTS OF WORK DULY ENTERED EXPIRES OR IS TERMINATED  <b>List the contract number of any government contract</b>	PRODUCTS AND SERVICES TO ASSIST BUSINESS PROCESSES, OPERATING MARGIN AND CASH FLOW	MEDASSETS NET REVENUE SYSTEMS, LLC 5543 LEGACY DRIVE PLANO, TX 75024
2.56	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> EFFECTIVE UNTIL ALL STATEMENTS OF WORK DULY ENTERED EXPIRES OR IS TERMINATED  <b>List the contract number of any government contract</b>	PRODUCTS AND SERVICES TO ASSIST BUSINESS PROCESSES, OPERATING MARGIN AND CASH FLOW	MEDASSETS PERFORMANCE MANAGEMENT SOLUTIONS, INC. 290 E JOHN CARPENTER FWY IRVING, TX 75062

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.57	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b> AUGUST 15, 2016 THROUGH AUGUST 14, 2019; EITHER PARTY MAY TERMINATE WITH 120 DAYS PRIOR NOTIFICATION.; UPON TERMINATION, ADEPTUS HEALTH LLC WILL BE OBLIGATED TO PAY FOR MEDLINE'S ENTIRE INVENTORY OF CUSTOM ITEMS</p> <p><b>List the contract number of any government contract</b></p>	MEDCAL SALES, LLC AND MEDLINE INDUSTRIES HOLDING, L.P. 1 MEDLINE PLACE MUNDELEIN, IL 60060
2.58	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b> N/A</p> <p><b>List the contract number of any government contract</b></p>	ACTUARIAL AND RELATED PRODUCTS AND SERVICES MILLIMAN, INC. 71 S. WACKER DR. SUITE 1000 CHICAGO, IL 60606
2.59	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b> EFFECTIVE UNTIL TERMINATED</p> <p><b>List the contract number of any government contract</b></p>	CLINICAL EQUIPMENT MAINTENANCE MANAGEMENT AND SERVICES MODERN BIOLOGICAL AND IMAGING, INC. 909 LAKE CAROLYN PKWY. SUITE 1100 IRVING, TX 75039
2.60	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b> 3 YEARS; AUTOMATIC RENEWAL FOR ADDITIONAL 3 YEAR TERMS UNLESS CANCELED BY EITHER PARTY IN WRITING WITH 90 DAYS NOTICE</p> <p><b>List the contract number of any government contract</b></p>	CLINICAL EQUIPMENT MAINTENANCE MANAGEMENT AND SERVICES MODERN BIOLOGICAL AND IMAGING, INC. 909 LAKE CAROLYN PKWY. SUITE 1100 IRVING, TX 75039
2.61	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b> QUOTE EXPIRATION OF OCTOBER 31, 2016</p> <p><b>List the contract number of any government contract</b></p>	CLINICAL EQUIPMENT MAINTENANCE MANAGEMENT AND SERVICES MODERN BIOLOGICAL AND IMAGING, INC. 909 LAKE CAROLYN PKWY. SUITE 1100 IRVING, TX 75039
2.62	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b> N/A</p> <p><b>List the contract number of any government contract</b></p>	CONFIDENTIALITY AGREEMENT NDIVISION, INC. 4925 GREENVILLE AVE. SUITE 200 DALLAS, TX 75206

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.63	<b>State what the contract or lease is for and the nature of the debtor's interest</b> AMENDMENT NUMBER 5 TO THE CORPORATE MASTER AGREEMENT NO. 205306CMA-01 DATED OCTOBER 23, 2014	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b> 60 MONTHS	
	<b>List the contract number of any government contract</b>	
2.64	<b>State what the contract or lease is for and the nature of the debtor's interest</b> SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES AMENDMENT 1 TO THE OMNICELL CORPORATE MASTER AGREEMENT (205306CMA-01)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b> 60 MONTHS	
	<b>List the contract number of any government contract</b>	
2.65	<b>State what the contract or lease is for and the nature of the debtor's interest</b> SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES AMENDMENT 6 TO THE OMNICELL CORPORATE MASTER AGREEMENT (205306CMA-01)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b> 60 MONTHS	
	<b>List the contract number of any government contract</b>	
2.66	<b>State what the contract or lease is for and the nature of the debtor's interest</b> SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES OMNICELL MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (205306CMA-01)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b> 60 MONTHS	
	<b>List the contract number of any government contract</b>	
2.67	<b>State what the contract or lease is for and the nature of the debtor's interest</b> SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186859)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b> 6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.68	<b>State what the contract or lease is for and the nature of the debtor's interest</b> SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186872)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b> 6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.69	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186873)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  List the contract number of any government contract	6/9/16-9/7/16; 60 MONTH LEASE TERM
2.70	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186875)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  List the contract number of any government contract	6/9/16-9/7/16; 60 MONTH LEASE TERM
2.71	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186876)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  List the contract number of any government contract	6/9/16-9/7/16; 60 MONTH LEASE TERM
2.72	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186877)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  List the contract number of any government contract	6/9/16-9/7/16; 60 MONTH LEASE TERM
2.73	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186878)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  List the contract number of any government contract	6/9/16-9/7/16; 60 MONTH LEASE TERM
2.74	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186881)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  List the contract number of any government contract	6/9/16-9/7/16; 60 MONTH LEASE TERM

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.75	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186882)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.76	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186883)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.77	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186884)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.78	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186886)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.79	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186888)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.80	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186890)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.81	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186911)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.82	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186912)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.83	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186913)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.84	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186914)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.85	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186915)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.86	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186916)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.87	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186917)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.88	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186919)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.89	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186920)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.90	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186941)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.91	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186943)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.92	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186944)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b>  6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.93	<b>State what the contract or lease is for and the nature of the debtor's interest</b> SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186945)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b> 6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.94	<b>State what the contract or lease is for and the nature of the debtor's interest</b> SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5186946)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b> 6/9/16-9/7/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.95	<b>State what the contract or lease is for and the nature of the debtor's interest</b> SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5187143)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b> 6/10/16-9/8/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.96	<b>State what the contract or lease is for and the nature of the debtor's interest</b> SYSTEM EQUIPMENT AND SOFTWARE LEASE AND SERVICES PRICING SUPPLEMENT TO MASTER LEASE/LOAN PURCHASE PROGRAM AGREEMENT (5187144)	OMNICELL, INC. 1201 CHARELSTON ROAD. MOUNTAIN VIEW, CA 94043
	<b>State the term remaining</b> 6/10/16-9/8/16; 60 MONTH LEASE TERM	
	<b>List the contract number of any government contract</b>	
2.97	<b>State what the contract or lease is for and the nature of the debtor's interest</b> LABORATORY TESTING SERVICES	OXFORD DIAGNOSTIC LABORATORIES, A DIVISION OF OXFORD IMMUNOTEC, INC. 5846 DISTRIBUTION DR MEMPHIS, TN 38141
	<b>State the term remaining</b> 1 YEAR; AUTOMATIC RENEWAL FOR SUCCESSIVE 1 YEAR TERMS UNLESS TERMINATED BY 30 DAYS WRITTEN NOTICE	
	<b>List the contract number of any government contract</b>	
2.98	<b>State what the contract or lease is for and the nature of the debtor's interest</b> NON-DISCLOSURE AGREEMENT	PORTFOLIO SOLUTIONS GROUP, LLC 155 NORTH MICHIGAN SUITE 201 CHICAGO, IL 60601
	<b>State the term remaining</b> N/A	
	<b>List the contract number of any government contract</b>	

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.99	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	SERVICE PROVIDER DESCRIBED IN THE EXECUTED SCOPE OF WORK PROPOSAL  36 MONTHS; AUTOMATIC RENEWAL FOR SUCCESSIVE 1 MONTH PERIODS UNTIL TERMINATED BY WRITING
	<b>List the contract number of any government contract</b>	
2.100	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	SERVICE PROVIDER FOR EXECUTION OF AGREED-UPON WORK PLAN  PILOT PROJECT BASIS
	<b>List the contract number of any government contract</b>	
2.101	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	NON DISCLOSURE AGREEMENT  N/A
	<b>List the contract number of any government contract</b>	
2.102	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	NON DISCLOSURE AGREEMENT  N/A
	<b>List the contract number of any government contract</b>	
2.103	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	ACCOUNTING, BOOKKEEPING, AND RELATED AUDITING SERVICES  PROJECT-BASED SERVICES
	<b>List the contract number of any government contract</b>	
2.104	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>	AGGREGATE EXCESS RISK & INDIVIDUAL EXCESS RISK INSURANCE DTD 1/23/2017 POLICY NO: 69925-0EXRSK  TERM END NOT PROVIDED
	<b>List the contract number of any government contract</b>	

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.105	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> TERM END NOT PROVIDED  <b>List the contract number of any government contract</b>	DISCLOSURE AGREEMENT DTD 10/11/2016  RELIASTAR LIFE INSURANCE COMPANY C/O VOYA FINANCIAL ATTN: UNDERWRITING DEPARTMENT 20 WASHINGTON AVENUE SOUTH ROUTE 5499 MINNEAPOLIS, MN 55401
2.106	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> TERM END NOT PROVIDED  <b>List the contract number of any government contract</b>	EXCESS RISK APPLICATION DTD 10/11/2016 ORDER NO. 160042  RELIASTAR LIFE INSURANCE COMPANY C/O VOYA FINANCIAL ATTN: UNDERWRITING DEPARTMENT 20 WASHINGTON AVENUE SOUTH ROUTE 5499 MINNEAPOLIS, MN 55401
2.107	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> 1/1/2017, 12/31/2017  <b>List the contract number of any government contract</b>	EXCESS RISK SCHEDULE DTD 1/23/2017 POLICY NO: 69925-0  RELIASTAR LIFE INSURANCE COMPANY C/O VOYA FINANCIAL ATTN: UNDERWRITING DEPARTMENT 20 WASHINGTON AVENUE SOUTH ROUTE 5499 MINNEAPOLIS, MN 55401
2.108	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> TERM END NOT PROVIDED  <b>List the contract number of any government contract</b>	IMPORTANT INFORMATION ABOUT YOUR EMPLOYEE BENEFITS INSURANCE ORDER NO. 173144  RELIASTAR LIFE INSURANCE COMPANY C/O VOYA FINANCIAL ATTN: UNDERWRITING DEPARTMENT 20 WASHINGTON AVENUE SOUTH ROUTE 5499 MINNEAPOLIS, MN 55401
2.109	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	NON DISCLOSURE AGREEMENT  SANTA ROSA CONSULTING, INC ATTN: PRESIDENT 2555 MERIDIAN BLVD. SUITE 250 FRANKLIN, TN 37067
2.110	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> TERM END NOT PROVIDED  <b>List the contract number of any government contract</b>	STOCK PURCHASE PLAN ADMINISTRATION DTD 4/11/2016  SOLIUM 222 S MILL AVE, SUITE 424 TEMPE, AZ 85281

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.111	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	CERTIFICATE OF INSURANCE FOR CLASS 1 GROUP INSURANCE POLICY NO. 000010197387  TERM END NOT PROVIDED
2.112	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	CERTIFICATE OF INSURANCE FOR CLASS 1 GROUP INSURANCE POLICY NO. 000010197388  TERM END NOT PROVIDED
2.113	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	CERTIFICATE OF INSURANCE FOR CLASS 1 GROUP INSURANCE POLICY NO. GL 000400197389  TERM END NOT PROVIDED
2.114	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	CERTIFICATE OF INSURANCE FOR CLASS 1 OF PLAN 1 GROUP INSURANCE POLICY NO. GL 000010197390  TERM END NOT PROVIDED
2.115	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	CERTIFICATE OF INSURANCE FOR CLASS 2 GROUP INSURANCE POLICY NO. GL 000400197389  TERM END NOT PROVIDED
2.116	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	GROUP LONG-TERM DISABILITY INSURANCE POLICY GROUP INSURANCE POLICY NO. 000010197388  1/1/2017

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.117	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	PROVIDING LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE GROUP INSURANCE POLICY NO. 000010197387  TERM END NOT PROVIDED
2.118	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	PROVIDING LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, DEPENDENT INSURANCE GROUP INSURANCE POLICY NO. 000400197389  TERM END NOT PROVIDED
2.119	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	PROVIDING WEEKLY DISABILITY INCOME INSURANCE GROUP INSURANCE POLICY NO. 000010197390  TERM END NOT PROVIDED
2.120	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	RE: RENEWAL LETTER POLICY NO(S): 01-0197387, 01-0197388, 01-0197390  TERM END NOT PROVIDED
2.121	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	NON DISCLOSURE AGREEMENT  N/A
2.122	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	GOVERNMENTAL RELATIONS SERVICES  AUGUST 15, 2016 THROUGH FEBRUARY 15, 2016; RENEWAL FOR 1 YEAR SUBJECT TO MUTUAL CONSENT OF BOTH PARTIES

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.123	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	STATE REQUIRED INSPECTION DTD 5/5/2017  TERM END NOT PROVIDED  GENERAL DATA ACCESS AGREEMENT DTD 4/24/2015  TERM END NOT PROVIDED  NON DISCLOSURE AGREEMENT  N/A  STATEMENT OF WORK  43101  EXPIRES MARCH 31, 2017  NON DISCLOSURE AGREEMENT  N/A	THYSENKRUPP ELEVATOR ATTN: QEI COORDINATOR 4355 EXCEL PKWY SUITE 800 ADDISON, TX 75001  TRANE INTELLIGENT SERVICES 2300 CITYGATE DRIVE COLUMBUS, OH 43219  TRUACUITY INC. 95 EXECUTIVE PARKWAY SUITE 500 HUDSON, OH 44236  TRUACUITY INC. 95 EXECUTIVE PARKWAY SUITE 500 HUDSON, OH 44236  UPTODATE INC 230 THIRD AVE WALTHAM, MA 02451  WAYNE ALBERTS 10 BUTTERFLY PLACE THE HILLS, TX 78738
2.124	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>		
2.125	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>		
2.126	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>		
2.127	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>		
2.128	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>		

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.129	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	BUSINESS ASSOCIATE AGREEMENT UNLIMITED, UNTIL TERMINATION IN ACCORDANCE WITH AGREEMENT.  WAYPOINT CONSULTING LLC CONTRACT ADMINISTRATION 1450 E. BOOT ROAD BUILDING 700A WEST CHESTER, PA 19380
2.130	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	MASTER SERVICES AGREEMENT THREE YEARS, AUTOMATICALLY RENEWABLE FOR SUCCESSIVE ONE YEAR TERMS  WAYPOINT CONSULTING LLC CONTRACT ADMINISTRATION 1450 E. BOOT ROAD BUILDING 700A WEST CHESTER, PA 19380
2.131	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RE: RENEWAL LETTER POLICY NO: 40-0197389-00000  1/1/2017, 1/1/2019  WILLIS OF COLORADO 2000 S COLORADO BLVD STE 900 DENVER, CO 80222
2.132	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RE: RENEWAL LETTER POLICY NO(S): 01-0197387, 01-0197388, 01-0197390  TERM END NOT PROVIDED  WILLIS OF COLORADO 2000 S COLORADO BLVD STE 900 DENVER, CO 80222
2.133	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	CONTRACT RENEWAL FOR ADEPTUS HEALTH DPO GROUP # 16138  1/1/2017, 12/31/2018  WILLIS OF COLORADO ATTN: ANA BALES 2000 S COLORADO BLVD STE 900 DENVER, CO 80222
2.134	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	ETHERNET AND IP SERVICES SCHEDULE  N/A  ZAYO GROUP, LLC ATTN GENERAL COUNSEL LEGAL 400 CENTENNIAL PKWY SUITE 200 LOUISEVILLE, CO 80027

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.135	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	MASTER SERVICE AGREEMENT  5 YEARS, AUTOMATICALLY RENEWABLE FOR ONE YEAR PERIODS.	ZAYO GROUP, LLC ATTN GENERAL COUNSEL LEGAL 400 CENTENNIAL PKWY SUITE 200 LOUISEVILLE, CO 80027
2.136	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	AMENDMENT TO SOIA AMENDMENT 1ST TO SOIA - AGH - AZ 4 SITES)	T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244
2.137	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	AMENDMENT TO SOIA AMENDMENT 1ST TO SOIA - AUSTIN-SA REGION	T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244
2.138	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	AMENDMENT TO SOIA AMENDMENT 1ST TO SOIA - DFW REGION	T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244
2.139	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	AMENDMENT TO SOIA AMENDMENT 1ST TO SOIA - HOUSTON REGION	T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244
2.140	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	AMENDMENT TO SOIA AMENDMENT 2ND TO SOIA - DFW REGION	T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.141	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	AMENDMENT TO SOIA AMENDMENT 2ND TO SOIA - HOUSTON REGION  T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244
2.142	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	SITE OPT-IN AGREEMENT AUSTIN-SAN ANTONIO REGION - DEZAVALA SITE  T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244
2.143	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	SITE OPT-IN AGREEMENT AGH - ARIZONA REGION  T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244
2.144	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	STATEMENT OF WORK DFW REGION  T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244
2.145	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	STATEMENT OF WORK HIS CHANGE  T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244
2.146	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	STATEMENT OF WORK HIS CHANGE  T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.147	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> N/A  <b>List the contract number of any government contract</b>	STATEMENT OF WORK  T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244
2.148	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b> FIVE YEARS FROM GOING LIVE  <b>List the contract number of any government contract</b>	T SYSTEMEV MASTER LICENSE AGREEMENT (SOIA) EVLA (MSA EV)  T-SYSTEM, INC. 4020 MCEWEN DRIVE SUITE 200. DALLAS, TX 75244

Debtor	Adeptus Health LLC
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS	
Case number (if known)	17-31435

Check if this is an amended filing

## Official Form 206H

### Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes.

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply
Name	Mailing Address	Name	
2.1 ADEPTUS HEALTH COLORADO HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 ADEPTUS HEALTH MANAGEMENT LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 ADEPTUS HEALTH PHOENIX HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 ADEPTUS HEALTH VENTURES LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 ADPT COLUMBUS HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 ADPT DFW HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.7 ADPT HOUSTON HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 ADPT NEW ORLEANS HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

## Additional Page if Debtor Has More Codebtors

Column 1: Codebtor		Column 2: Creditor	
	Name	Name	Check all schedules that apply
2.9	ADPT NEW ORLEANS MANAGEMENT LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10	ADPT-AZ MPT HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11	ADPT-AZ RE HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12	ADPT-CO MPT HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13	ADPT-CO RE HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14	ADPT-COLUMBUS MPT HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.15	ADPT-COLUMBUS RE HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16	ADPT-DFW MPT HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17	ADPT-DFW RE HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.18	ADPT-HOUSTON MPT HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19	ADPT-HOUSTON RE HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.20	ADPT-LA MPT HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

## Additional Page if Debtor Has More Codebtors

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply	
	Name	Mailing Address	Name	
2.21	ADPT-LA RE HOLDINGS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.22	AJNH MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.23	ALVIN MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.24	AUSTIN BRODIE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.25	BRIAR FOREST-ELDRIDGE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.26	BRUSHY CREEK MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.27	CENTER STREET DP MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.28	CHANDLER GERMANN MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.29	CINCO RANCH MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30	COLONIAL LAKES MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.31	CONROE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.32	CONVERSE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply	
	Name	Mailing Address	Name	
2.33	COPPERWOOD MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.34	CREEKSIDE FOREST MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.35	CULEBRA-TEZEL MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.36	DE ZAVALA MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.37	EAGLES NEST MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.38	EAST PFLUGERVILLE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.39	EAST RIVERSIDE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.40	ECC MANAGEMENT, LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.41	FCER MANAGEMENT, LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.42	FIRST CHOICE ER, LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.43	FIRST TEXAS HOSPITAL CY-FAIR LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.44	FRIENDSWOOD MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

## Additional Page if Debtor Has More Codebtors

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply	
	Name	Mailing Address	Name	
2.45	FTH HOUSTON PARTNERS LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.46	GILBERT MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.47	GLEANNLOCH FARMS MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.48	GLENDALE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.49	GOODYEAR MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.50	HELOTES MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.51	HILLIARD MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.52	HOUSTON 9520 JONES MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.53	KATY ER CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.54	KINGWOOD MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.55	KUYKENDAHL MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.56	LA PORTE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

## Additional Page if Debtor Has More Codebtors

Column 1: Codebtor		Column 2: Creditor	
	Name	Name	Check all schedules that apply
2.57	LAKEWOOD FOREST MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.58	LEAGUE CITY MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.59	LEGACY TRAILS MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.60	LOUETTA MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.61	NATIONAL MEDICAL PROFESSIONALS OF ARIZONA LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.62	NORTHWEST HARRIS COUNTY MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.63	OPFREE LICENSING LP	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.64	OPFREE RE INVESTMENTS, LTD.	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.65	OPFREE, LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.66	PEARLAND PARKWAY MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.67	PEARLAND SUNRISE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.68	PFLUGERVILLE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

## Additional Page if Debtor Has More Codebtors

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply	
	Name	Mailing Address	Name	
2.69	POTRANCO MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.70	PROVINCES MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.71	ROSENBERG MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.72	SAN ANTONIO NACOGDOCHES MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.73	SIENNA PLANTATION MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.74	SSH MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.75	STERLING RIDGE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.76	SUMMERWOOD MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.77	VICTORY LAKES MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.78	WATERSIDE MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.79	WILDERNESS-HARDY OAK MEDICAL CENTER LLC	2941 LAKE VISTA DR. LEWISVILLE, TX 75067	DEERFIELD PRIVATE DESIGN FUND IV, L.P., DEERFIELD PARTNERS, L.P., AND DEERFIELD INTERNATIONAL MASTER FUND, L.P	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor	Adeptus Health LLC
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF TEXAS
Case number (if known)	17-31435

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

*Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

*Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

*Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

*Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)

*Schedule H: Codebtors* (Official Form 206H)

*Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)

*Amended Schedule*

*Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)

Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/28/2017  
MM / DD / YYYY

 /s/ Andrew Hinkelmann

Signature of individual signing on behalf of debtor

Andrew Hinkelmann

Printed name

Chief Restructuring Officer

Position or relationship to debtor